

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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<div style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; margin: 0 auto; text-align: center; line-height: 80px;">           For Official Use Only            FILED            D            OIMS DRDA         </div>	1. FILE NUMBER  <div style="font-size: 24px; font-family: monospace;">541-913</div>	2. PERIOD COVERED <div style="display: flex; justify-content: space-around; font-size: 12px;"> <span>MO</span> <span>DAY</span> <span>YEAR</span> </div> From <div style="font-size: 24px; font-family: monospace;">01 01 2001</div> Through <div style="font-size: 24px; font-family: monospace;">12 31 2001</div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">IMPORTANT</div> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		8. MAILING ADDRESS <i>(Type or print in capital letters.)</i>  First Name <div style="font-size: 24px; font-family: monospace;">MIKE</div> Last Name <div style="font-size: 24px; font-family: monospace;">SMEDLEY</div> P.O. Box • Building and Room Number <i>(if any)</i> <div style="font-size: 24px; font-family: monospace;">ROOM 205</div> Number and Street <div style="font-size: 24px; font-family: monospace;">2431 CRITTENDEN DRIVE</div> City <div style="font-size: 24px; font-family: monospace;">LOUISVILLE</div> State      ZIP Code + 4 <div style="font-size: 24px; font-family: monospace;">KY 40217-</div>	
4. AFFILIATION OR ORGANIZATION NAME <div style="font-size: 24px; font-family: monospace;">HEREIN AFL-CIO, CLC</div>		6. DESIGNATION NUMBER <div style="font-size: 24px; font-family: monospace;">2000</div>	
5. DESIGNATION <i>(Local, Lodge, etc.)</i> <div style="font-size: 24px; font-family: monospace;">LOCAL</div>		7. UNIT NAME <i>(if any)</i> <div style="font-size: 24px; font-family: monospace;">AIRPORT EMPLOYEES</div>	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)      Yes <input checked="" type="checkbox"/> No			
56. ADDITIONAL INFORMATION <i>(If more space is needed, attach additional pages properly identified.)</i>			
<div style="border: 1px solid black; height: 100%; width: 100%;"></div>			
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           57. SIGNED:   <div style="display: flex; justify-content: space-around; font-size: 18px; font-family: monospace;"> <span>3 '30 '02</span> <span>(502) 636-2846</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>Date</span> <span>Telephone Number</span> </div> </div> <div style="width: 45%;">           58. SIGNED:   <div style="display: flex; justify-content: space-around; font-size: 18px; font-family: monospace;"> <span>3 '30 '02</span> <span>(202) 393-4373</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>Date</span> <span>Telephone Number</span> </div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px; margin-top: 5px;"> <div style="width: 45%;">             PRESIDENT  <i>(If other title, see instructions.)</i> </div> <div style="width: 45%;">             TREASURER  <i>(If other title, see instructions.)</i> </div> </div>			

## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? .....

Yes No

X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....

X

12. Have a political action committee (PAC) fund? .....

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....

X

15. Discover any loss or shortage of funds or other property? .....  
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? .....

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

121

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$

500000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO YEAR

11 2004

23. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

## Rates of Dues and Fees

(a) Regular Dues/Fees

\$ 31.19 per month  
(Month, Year, etc.)

(b) Initiation Fees

\$ NA

(c) Transfer Fees

\$ NA

(d) Work Permits

\$ NA per  
(Month, Year, etc.)

# **24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 541-913

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> SMEDLEY <small>First Name</small> MIKE <small>Title</small> SECRETARY - TREASURER <small>Status</small> C		392	0	392
2. <small>Last Name</small> PAULSEN <small>First Name</small> KENNETH <small>Title</small> PRESIDENT <small>Status</small> C		392	306	698
3. <small>Last Name</small> LYNCH <small>First Name</small> CLIFFORD <small>Title</small> TRUSTEE <small>Status</small> C		0	396	396
4. <small>Last Name</small> SKAGGS <small>First Name</small> CHARLES <small>Title</small> TRUSTEE <small>Status</small> N		0	94	94
5. <small>Last Name</small> BERRY <small>First Name</small> MARY <small>Title</small> TRUSTEE <small>Status</small> C		0	94	94
6. <small>Last Name</small> ROSS <small>First Name</small> EDMOND <small>Title</small> TRUSTEE <small>Status</small> C		0	343	343
7. <small>Last Name</small> MCGEE <small>First Name</small> JOHN <small>Title</small> TRUSTEE <small>Status</small> C		0	343	343
8. Totals from additional pages (if any)		0	250	250
9. Totals of Lines 1 through 8		784	1826	2610
		10. Less Deductions 0		
Enter the Total from Line 11 in ..... Item 45 ⇒		11. Net Disbursements 2610		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 541-913

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	0	11115	32. Accounts Payable .....	0	156
	26. Loans Receivable .....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities .....	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	0	0
	29. Fixed Assets .....	0	0	36. TOTAL LIABILITIES .....	0	156
	30. Other Assets .....	0	0	37. NET ASSETS (Item 31 less Item 36).....	0	10959
	31. TOTAL ASSETS.....	0	11115			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	24257	45. To Officers (from Item 24) .....	2610
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	392
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	10297
	41. Interest & Dividends .....	0	48. Office & Administrative Expense .....	0
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	0
	43. Other Receipts .....	0	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	24257	51. Contributions, Gifts & Grants .....	0
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	0
			55. TOTAL DISBURSEMENTS .....	13299

ORGANIZATION NAME: AIRPORT EMPLOYEES LOCAL 2000

ENDING DATE OF PERIOD COVERED: 12-31-2001

FILE NUMBER: 541-913

PAGE 1 OF 1 ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name: <u>STAATS</u> First Name: <u>DONALD</u> Title: <u>TRUSTEE</u>	Status: <u>C</u>	<u>0</u>	<u>250</u>	<u>250</u>
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Totals		<u>0</u>	<u>250</u>	<u>250</u>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				